

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 535
Registered No. 132

1. PLACE OF BIRTH

County Navajo State Arizona
District or Township _____ or Village _____
City Winslow No. W 2nd St. _____ Ward _____

2. Full name of child Feris Herman Hunt
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 6. Legitimate? yes 7. Date of birth 10-16-29
Month Day Year

<p>8. FATHER Full name <u>J. O. Waite</u></p>		<p>14. MOTHER Full maiden name <u>Blanche Jolley</u></p>	
<p>9. Residence (Usual place of abode) If non-resident, give place and state. <u>Winslow</u></p>		<p>15. Residence (Usual place of abode) If non-resident, give place and state. <u>Winslow</u></p>	
<p>10. Color or race <u>white</u></p>	<p>11. Age at last birthday <u>23</u> (Years)</p>	<p>16. Color or race <u>white</u></p>	<p>17. Age at last birthday <u>20</u> (Years)</p>
<p>12. Birthplace (city or place) <u>St John</u> (State or country) <u>Arizona</u></p>		<p>18. Birthplace (city or state) <u>St John</u> (State or country) <u>Arizona</u></p>	
<p>13. Occupation Nature of Industry <u>mechanic</u></p>		<p>19. Occupation Nature of Industry <u>housewife</u></p>	
<p>20. Number of children of this mother. _____ (Taken as of time of birth of child herein certified and including this child.)</p>		<p>(a) Born alive and now living. <u>1</u> (b) Born alive but now dead. <u>0</u> (c) Stillborn. <u>0</u></p>	
		<p>21. Were precautions taken against ophthalmia neonatorum? <u>yes</u></p>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:30 A. M. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from a supplemental report. _____
Month, day, year _____

Signature Robert M. Stump M.D.
Physician & Surgeon
(Physician or midwife.)
Address P.O. 1007 Winslow, Ariz.
Filed 11-30 1929 Eva C. Bazell
Registrar. _____ Registrar.

665-1015-218